

30 DAY VISITOR REQUEST WORKSHEET**PRIVACY ACT STATEMENT**

AUTHORITY: 10 USE 8012 AND 44U.S.C. 3101

PRINCIPLE PURPOSE: To obtain bearer's personal information as being eligible to obtain installation access for no more than 30 days

ROUTINE USES: Authorized bearer to proceed directly to their authorized area as a guest of their sponsor

DISCLOSURE IS VOLUNTARY: Failure to provide requested information will result in denial of the entry of the installation and denial of agent privilege card. Falsified data will result in barment from the installation.

NOTE: We must receive one form for every visitor. Once this form is complete an authorized sponsor must email it to 647sfs.contractor.agent.passes@hickam.af.mil with the words: 30 Day Pass Requests for New Employee/Vendor/Contractor (whichever applies). We will only accept these requests from one of you authorized to sign as a sponsor on the Hickam O-180 or with authorized sponsor on their contractor/vendor badge.

SPONSOR INFORMATION

SPONSOR INFORMATION: e-mail address:

NAME (First, Middle Initial, Last Name):

SSAN: CONTACT NUMBER (Day and Night): /

ADDRESS (Street, City, State, and Zip Code):

MILITARY AFFILIATION: AD _____ Retired _____ Civil Service _____ Military Dependent _____
Federal Contract _____ Contractor _____ Other _____

RESERVE MILITARY: _____ VENDOR: _____ SPONSORS UNIT/WORK CENTER: _____

VISITOR INFORMATION

REQUESTED DATES (must be between 3 – 30 days)

VISITOR DESTINATION:

EMPLOYER:

NAME (First, Middle Initial, Last Name):

DATE OF BIRTH: M _____ or F _____

SSAN:

FOREIGN ID:

PASSPORT #:

Contact Number (Day and Night): /

HOME ADDRESS (Street, City, State, and Zip Code):

Will the visitor be operating a vehicle on Hickam AB? YES _____ or NO _____ (Check One) *If yes complete below information**

VISITOR VEHICLE INFORMATION:

LICENSE PLATE STATE: TAG #: COLOR:

VEHICLE MAKE: VEHICLE MODEL: VEHICLE YEAR: